

**OFFICE USE ONLY**				
Date Received:				
Received By:				
PMT #:				

Development Services Department • 200 South Hough Street, Barrington, IL 60010 Phone (847) 304-3460 • Fax (847) 381-1056 • www.barrington-il.gov

## **Property Maintenance**

		1 3		1		
Address of Subject	Property:			Residential 🗖	Commercial	
Property Owner	(if known):					
Complain	ant Name:					
Complainan	t Address:					
	Phone #:					
Emai	l Address:					
(	Signature:					
Is the violation visible	from the p	ublic right-of-way? Yes [	□ No □			
Do we have consent to enter upon your property to view the violation? Yes □ No □						
Description of the violation:						
**OFFICE USE ONLY**						
Type of Violation:						
Code Section:						
NOV Sent:						
Follow Up:						
Notes/Comments:						
	1					
Property Conta						
Street Addre						
City, State, Z			T			
Home Phone			Cell Phone #:			
Office Phone	ρ #•		Email Address:			